

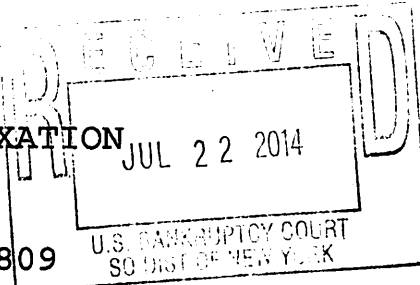
DEPARTMENT OF TAXATION
STATE OF HAWAII

P.O. Box 259

Honolulu, HI 96809

Attn: Bankruptcy Unit

Telephone: (808) 587-1672



IN THE UNITED STATES BANKRUPTCY COURT

FOR THE SOUTHERN DISTRICT OF NEW YORK

In re

LEHMAN BROTHERS HOLDINGS,
et al.,

Debtors.

CASE NO. 08-13555 (JMP)
(Chapter 11)
(Jointly Administered)

NOTICE OF WITHDRAWAL OF
DEPARTMENT OF TAXATION,
STATE OF HAWAII'S PROOF OF
CLAIM AS TO LEHMAN
COMMERCIAL PAPER INC.;
EXHIBIT A

557210

NOTICE OF WITHDRAWAL OF DEPARTMENT
OF TAXATION, STATE OF HAWAII'S PROOF OF
CLAIM AS TO LEHMAN COMMERCIAL PAPER INC.; EXHIBIT A

The Department of Taxation, State of Hawaii (the
"Department") hereby WITHDRAWS its proof of claim as to
LEHMAN COMMERCIAL PAPER INC., true and accurate copy of

THAT YOU WERE NOT GETTING ANY

ANY OF THE THINGS YOU WERE

THAT YOU WERE NOT GETTING ANY

THAT YOU WERE NOT GETTING ANY

THAT YOU WERE NOT GETTING ANY

THAT YOU WERE NOT GETTING ANY

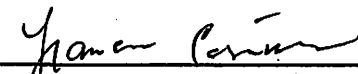
THAT YOU WERE NOT GETTING ANY

THAT YOU WERE NOT GETTING ANY

THAT YOU WERE NOT GETTING ANY

which is attached as Exhibit A and filed on July 27,
2009.

DATED: Honolulu, Hawaii, JUL 18 2014.



FRANCES CASINAS

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor LEHMAN COMMERCIAL PAPER INC, jointly administered under Lehman Brothers Holdings Inc		Case Number 08-13900-JMP
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) STATE OF HAWAII, DEPARTMENT OF TAXATION		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: HAWAII STATE TAX COLLECTOR ATTN: BANKRUPTCY UNIT (el) P O BOX 259 HONOLULU HI 96809		Court Claim Number: _____ (If known)
Telephone number: (808) 587-1675		Filed on _____
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>unknown</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.		Specify the priority of the claim
If all or part of your claim is entitled to priority, complete item 5		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).
2. Basis for Claim: <u>see attached</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).
3. Last four digits of any number by which creditor identifies debtor: <u>1866</u>		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7)
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8)
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____)
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Amount entitled to priority: \$ _____
Describe:		
Value of Property: \$ _____ Annual Interest Rate: _____ %		
Amount of arrearage and other charges as of time case filed included in secured claim,		
If any: \$ _____ Basis for perfection: _____		
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>unknown</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
Date: 07/22/2009	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. LYNNE M. KANETA, TAX COLLECTOR (el)	FOR COURT USE ONLY FILED / RECEIVED JUL 27 2009 *Amounts are subject to adjustment on 4-1-10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571

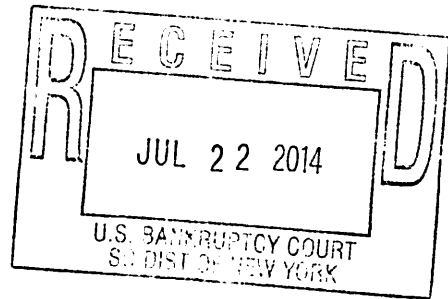
EXHIBIT

A

EPIC BANKRUPTCY SOLUTIONS, LLC

By: Lynne M. Kaneta
LYNNE M. KANETA
Tax Collector

DEPARTMENT OF TAXATION
STATE OF HAWAII
P.O. Box 259
Honolulu, HI 96809
Attn: Bankruptcy Unit
Telephone: (808) 587-1672



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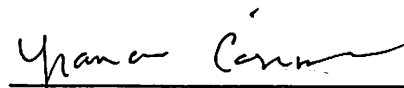
CERTIFICATE OF SERVICE

CERTIFICATE OF SERVICE

I hereby certify that on JUL 18 2014, copies
of NOTICE OF WITHDRAWAL OF DEPARTMENT OF TAXATION,
STATE OF HAWAII'S PROOF OF CLAIM AS TO LEHMAN
COMMERCIAL PAPER INC.; EXHIBIT A was duly served by
depositing same in the United States mail, postage
prepaid, addressed as follows:

PETER GRUENBERGER, ESQ.
ROBERT J. LEMONS, ESQ.
Weil, Gotshal & Manges LLP
767 Fifth Avenue
New York, NY 10153

DATED: Honolulu, Hawaii, JUL 18 2014.



FRANCES CASINAS